

Fee - Under 2500 sq. ft. \$50.00 / 2500 sq. ft. and over \$100.00

### **Commercial Occupancy Permits**

The City of Marion adopted Commercial Occupancy procedures, whereas each business that opens in a commercial space must first obtain a <u>Commercial Occupancy Permit</u> in the following instances:

- New business/occupancy
- Under new ownership of an existing business/occupancy
- Temporary/Seasonal business/occupancy
- Building expansion of business/occupancy
- Relocation within city limits of an existing business/occupancy
- Renovation & Change of Occupancy
- 3 or more family dwellings

Once the commercial occupancy application is submitted, fire and building inspections will take place, provided the building meets current code standards and all other requirements are fulfilled, the occupancy permit may be issued. For a complete explanation about this process, contact Codes Enforcement at (618) 993-2422

#### **Liquor License Applications & Resources**

#### **Retail Liquor Licenses**

Businesses interested in obtaining a Retail Liquor License must first contact the Mayor's Office at (618) 997-6281 to apply.

#### Special Event Liquor Licenses

Not-for-Profit organizations and businesses currently holding a Retail Liquor License in the City should contact the Mayor's office at (618) 997-6281, regarding Special Event Liquor Licenses.

All applications for Retail and Special Event Liquor Licenses, must be submitted to the office of the Mayor after completion. The Mayor also serves as the Local Liquor Commissioner for the City.

## CERTIFICATE OF COMMERCIAL OCCUPANCY APPLICATION



Staff Use Only	
Submittal date:	
Permit #:	

# THIS APPLICATION IS NOT AN APPROVED PERMIT

City of Marion 1102 Tower Square Plaza Marion, IL. 62959 (618) 993-2422

Permit requirements: Fire and Building (Property, Mechanical, Electrical, and Plumbing) inspections are required prior to issuance of the Certificate of Commercial Occupancy or Business License. This application is NOT a permit and the premises shall not be occupied until all required inspections are made and all discrepancies (if any) are corrected. Application fee is nonrefundable. This application will expire in sixty (60) days from date of submittal. Separate permits are required for signage. If the business is located within the Area of Special Control, signage must be approved by City Council prior to installation. Failure to comply with these regulations will result in a penalty (City Code: Sections 7-25-12 & 53-5-13.) Commercial Occupancy can be denied/delayed if listed individual(s) in this application are indebted to the city for any fees arising from any services provided to them by the City of Marion. (City Code: Section 38-3-7.)

REASON FOR APPLICATION:			OCCUPAR	NCY TYPE:
□ New occupancy □ Temporary/Seasonal □ Relocation from:	□ New ownership □ Expansion		□ Resale □ Religious	□ Restaurant □ Service □ Industrial
	BUSINESS & APP	LICANT INFOR	RMATION	
Business Name: (enter actual 1	name of business)		Description	of Business:
Building Address:	\$	Suite #:		Zip Code:
Owner Name:		Applicant Name:		
Owner Phone Number:		Applican	t Phone Numb	per:
Applicant Mailing Address:				Zip Code:
Applicant Email:				
	Contact for In	nspections:		
Name:	Phone No		Email:	
☐ YES, the occupancy / busin	ness involves the <u>sale</u> , <u>stora</u>	ge, or <u>use</u> of the f	following (Ple	ease check all that apply below):
□ Food sales / Preparation	□ Poisonous or l	□ Poisonous or hazardous chemicals/acids □ Outdoor seating		
□ Alcohol sales		□ Compressed gases □ Outdoor storag □ Flammable or combustible liquids		
	ancy / business does NOT in ax Certification is required w			
Sales Tax Number:	Number o	of employees:	Туріса	al hours of operation:

## CERTIFICATE OF COMMERCIAL OCCUPANCY APPLICATION ~ PAGE 2 ~ SITE INFORMATION **Property Owner Mailing Address:** Zip Code: **Emergency Contact Information** Name: Phone Number: ( ) Name: Phone Number: ( ) Phone Number: ( ) OPENING DATE: Will you be making structural interior or exterior changes to the site? □ Yes □ No If Yes, list the changes: Additional plumbing fixtures added? ☐ Yes ☐ No If Yes, list the changes: Have you applied for building $\Box$ Yes $\Box$ No If Yes, when: permit? Square footage of space to be occupied by applicant: Number of parking spaces available to applicant As APPLICANT for a Certificate of Commercial Occupancy and/or Business License, I certify under penalty of perjury that this form has been completed to the best of my knowledge. I understand that completion of this form does not exempt me from the City Codes in any way and that I must comply with all codes, ordinances, and regulations of the City of Marion, Illinois. (Printed name of applicant) certify that all of the above statements and the statements contained in any papers or plans submitted herewith are true and accurate. Applicant Signature Date: As BUILDING OWNER of the subject property, I certify that this form has been completed to the best of my knowledge. I understand that completion of this form does not exempt me from the City Codes in any way and that I must comply with all codes, ordinances, and regulations of the City of Marion, Illinois. \_\_\_ (Printed name of building owner) certify under penalty of perjury that all of the above statements and the statements contained in any papers or plans submitted herewith are true and accurate. I am authorized to and do consent entry onto the premises by City of Marion employees for inspections of the premises.

This application is NOT a permit and the premises shall not be occupied until all required inspections are made and all discrepancies (if any) are corrected. Application fee is non-refundable. This application will expire in 90 days from date of submittal.

**Building Owner Signature**